

# Exhibit 36

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/14/2024

1824 Log Number: 520316

Inmate's Name: [REDACTED]

CDCR # [REDACTED]

Housing: B2-[REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED] Principle (A) [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

**Interim Accommodation:**

- No interim accommodation required: You are currently designated Hearing Impaired, Not Impacting Placement (DNH) and accommodated with hearing aids.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

**Response:** On 2/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your request was forwarded to the Central Screening Team (CST) for review. The CST identified you claim regarding programs and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

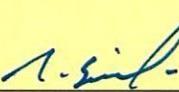
A review of Strategic Offender Management System (SOMS) indicates you are currently designated DNH with primary Effective Communication (EC) of needs staff to speak loudly and clearly and alternate of hearing aids. Accounting confirmed you are not considered indigent. You may utilize approved processes to purchase a vibrating watch. Sign Language Interpreter (SLI) classes are not currently available at California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF).

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

MAR 12 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) <b>520310</b>	DATE RECEIVED BY STAFF:	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <u>DO NOT</u> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.			
INMATE'S NAME (Print)	CDCR NUMBER [REDACTED]	ASSIGNMENT <i>N/A</i>	HOUSING <i>B2</i> [REDACTED]

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*I can't wake up on time and depend on my  
Buddy / family to wake me up. And I can't  
Afford paying from the catalog.*

## WHY CAN'T YOU DO IT?

*I am a deep sleeper (AND HAVE DOCUMENTED  
HEARING IMPAIRMENT.)*

## WHAT DO YOU NEED?

*I like to request to get a Sign Language Classes  
and a vibrating watch and Alarm.*

(Use the back of this form if more space is needed)

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure 

List and attach documents, if available:

*Hearing Impaired*

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[REDACTED]  
INMATE'S SIGNATURE

*1-31-2024*  
DATE SIGNED

Assistance in completing this form was provided by:

[REDACTED]

[REDACTED]

[REDACTED]

Last Name

First Name

Signature

DRAFT

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR # [REDACTED]

CDCR 1824 Log #: 520316

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 02 / 14 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

 Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

Person Completing Step 1

Title

02 / 14 / 24

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS***Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed:

---



---



---

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

---



---



---

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

---



---



---

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

---



---



---

**Notes:** A REVIEW OF SOMS INDICATES I/M IS CURRENTLY DESIGNATED DNH WITH PRIMARY EC OF NEEDS STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. ACCOUNTING CONFIRMED I/M IS NOT CONSIDERED INDIGENT. I/M MAY UTILIZE APPROVED PROCESSES TO PURCHASE A VIBRATING WATCH. SLI CLASSES ARE NOT CURRENTLY AVAILABLE AT SATF.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Completed

## **IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 520316

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY** (See Note below)

An Interim Accommodation IS NOT required

Reason:

---

Digitized by srujanika@gmail.com

An Interim Accommodation IS required.

Reason:

---

Digitized by srujanika@gmail.com

**Accommodation(s) provided:**

Date provided:

---

---

---

Comments: \_\_\_\_\_  
\_\_\_\_\_

Bacon Completing Step 3

AGPA

02 / 15 / 24

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
  - Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
  - If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
  - Consult with the ADA Coordinator when unsure which box to check in Step 1.
  - Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

## Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
  - Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
  - Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
  - Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
  - Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name [REDACTED]

CDC #:

PID #:

**CHSS035C DPP Disability/Accommodation Summary** Wednesday February 14, 2024 02:01:48 PMAs of: 02/14/2024 **OFFENDER/PLACEMENT**

CDC# [REDACTED]

Name [REDACTED]

Facility: SATF-Facility B

Housing Area/Bed: B 002 [REDACTED]

Placement Score: 31

Custody Designation: Medium (A)

Housing Program: General Population

Housing Restrictions:

Physical Limitations

to Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 11/07/2012

DPP Codes: DNH

DPP Determination Date: 01/24/2017

Current MH LOC: GP

Current MH LOC Date: 11/02/2012

SLI Required: No

Interview Date: 06/19/2019

Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly

Alternate Method - Hearing: Hearing Aids

Non-Formulary *Alternative methods:*Accommodations/Comments: **American Sign Language****Reads Lips****Written Notes****Sign Exact English**

Refer to updated EC Chrono (rev. 12/13) CDC 128B dated 6/19/19

Learning Disability:

Initial Reading Level: 04.4

Initial Reading Level Date: 10/16/2018

Durable Medical Equipment: Hearing Aid

Hearing Impaired Disability Vest

Languages Spoken:

**IMPORTANT DATES**

Date Received: 11/02/2012

Last Returned Date:

Release Date: 12/28/2037

Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start Date:

Status:

Position #:

Position Title:

Regular Days On:

# Exhibit 37

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 12/20/2023

Date IAC Received 1824: 12/15/2023

1824 Log Number: 492884

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: CTC [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Physician and Surgeon Dr. N. Ndu, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports getting winded while wheeling himself to the podium for announcements; Inmate requests staff make personal notifications to him at his cell.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing Programs, Services, or Activities (PSA)s in your wheelchair and has access to Americans with Disabilities Act (ADA) workers for assistance if needed.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports the battery in talking book player no longer works; Inmate requests a replacement battery pack.

**Response:** On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

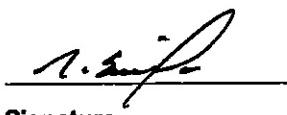
Per the Interim Accommodation Procedure (IAP) worksheet, dated 12/15/2023, you were observed accessing Programs, Services, or Activities (PSA)s while in possession of your wheelchair. You were educated on how to utilize your wheelchair and ask for assistance from ADA workers to provide assistance if needed.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

JAN 12 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>492884</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT <b>ZEW ADA</b>
		HOUSING <b>F1-</b>

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

I get wind just trying to go the podium and everywhere else,

**WHY CAN'T YOU DO IT?**

I just returned 3 days ago from a 5 day stay in the hospital for pneumonia. It has been very difficult moving around, even just to the podium. I

**WHAT DO YOU NEED?**

I have previously asked about having come to inform me about announcements because I can rarely understand, so no verbal. And now, I alone need to go the podium, or medical or anywhere else. I need to have some come down to call 7 to help me, yes, even to just the podium. I am getting needed for the smallest activity.

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure

List and attach documents, if available:

I understand that staff

not cooperate may cause this request to be disapproved.

**12-12-23**  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.  
Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 492884

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 12 / 15 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] AGPA [REDACTED]

12 / 15 / 23

Person Completing Step 1

Title

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 12 / 15 / 23

Due back to IAC: 12 / 18 / 23

Returned to IAC: 12 / 18 / 23

Assigned to: FACILITY F

Title: FTS

Information needed: PLEASE ENSURE I/M IS SAFELY ACCESSING PSA'S AND IS IN POSSESSION OF HIS ASSIGNED WHEELCHAIR. PLEASE ADVISE I/M HE MAY UTILIZE HIS WHEELCHAIR AND REQUEST ASSISTANCE WITH PUSHING FROM ANY ADA WORK OR STAFF.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 12/15/23 2000 HRS Location: F1

Interviewer notes: I observed I/m accessing PSA's while in possession of his wheelchair. I explained to him how to utilize his wheelchair and ask for assistance from ADA workers to push and assist him when needed.

Staff Interviewed: G/O [REDACTED] Title: G/O Interview date: 12 / 15 / 23

Interviewer Notes: Officer [REDACTED] started the sec's I/m J/gues using his wheelchair and being assisted by ADA workers to access PSA's.

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interviewer Notes: \_\_\_\_\_

Notes: A REVIEW OF SOMS INDICATES I/M IS CURRENTLY DESIGNATED DPO WITH AN ASSIGNED WHEELCHAIR. I/M MAY REQUEST ASSISTANCE WITH ACCESSING FROM ADA WORKERS OR STAFF, INCLUDING THE ADA WORKER CURRENTLY ASSIGNED TO THE SAME HOUSING POD.

Interviewer (Print Name)

Sgt

Title

Signature

12 / 15 / 23

Date Completed

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 492884

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required**.Reason: *I'm is safely accessing DSAs & in wheelchair and have access to ADA workers for assistance.* An Interim Accommodation **IS required**.Reason: \_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:**

---

---

---

**Date provided:**

---

---

---

Comments: \_\_\_\_\_  
\_\_\_\_\_**[REDACTED]****AGPA**

Person Completing Step 3

Title

**[REDACTED]**

Signature

**12 / 12 / 23**

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary**

Friday December 15, 2023 10:44:10 AM

As of: 12/15/2023 ➔

<b>OFFENDER/PLACEMENT</b> <p>CDC#: [REDACTED]        Name: [REDACTED]        Facility: SATF-Facility F        Housing F 001 [REDACTED]        Area/Bed:        Placement Score: 19        Custody Medium (A)        Designation:        Housing Program: Non-Designated Program Facility        Housing Ground Floor-Limited Stairs        Restrictions: Lower/Bottom Bunk Only        Physical Transport Vehicle with Lift        Limitations to Special Cuffing Needed        Job/Other: Permanent - 12/31/9999</p>	<b>DISABILITY ASSISTANCE</b> <p>Current DDP Status: NCF        DDP Adaptive: None        Support Needs:        Current DDP Status Date: 10/23/2017        DPP Codes: DPO        DPP Determination Date: 05/11/2023        Current MH LOC: CCCMS        Current MH LOC Date: 08/09/2023        SLI Required:        Interview Date:        Non-Formulary        Accommodations/Comments:        Learning Disability:        Initial Reading Level: 12.9        Initial Reading Level Date: 10/30/2017        Durable Medical Equipment: Air Cushion (for        Wheelchair Seat)        Canes        Mobility Impaired        Disability Vest        Diabetic        Supplies/Monitors        Eyeglass Frames        Incontinence Supplies        Night Guard        Therapeutic        Shoes/Orthotics        Walkers        Wide Wheel Chair        Languages Spoken:</p>
---	--

<b>IMPORTANT DATES</b> <p>Date Received: 10/18/2017        Last Returned        Date:        Release Date: 08/27/2207        Release Type: Minimum Eligible Parole Date</p>	<b>WORK/VOCATION/PIA</b> <p>Privilege Group: A        Work Group: A1        AM Job Start 05/19/2021        Date:        Status: Full Time        Position #: AD1.001.007        Position Title: F B-1 ADA WORKER GROUP A        Regular Days On: Monday through Friday (06:30:00 -        10:00:00)        Monday through Friday (10:30:00 -        14:00:00)</p>
---	---

# Exhibit 38

## **REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 12/20/2023

Date IAC Received 1824: 12/18/2023

1824 Log Number: 493631

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: CTC [REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Chief Physician and Surgeon Dr. N. Ndu, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

### **Interim Accommodation:**

No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSA)s or performing Activities of Daily Living (ADL)s.

### **RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

**Response:** On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your previous 1824 requesting personal notifications (Grievance Log #492884) stated personal notifications were needed due to getting winded when wheeling yourself to the podium.

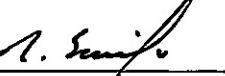
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you do not have documented hearing responsibility; you are scheduled for a hearing evaluation by your Primary Care Provider (PCP) on 12/27/2023. On 12/17/2023, you failed to show up to medication line for Suboxone. You did attend morning and evening medication on that day.

It is your responsibility to listen for announcements.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife \_\_\_\_\_



ADA Coordinator/Designee

Signature

Date sent to inmate:

JAN 1 7 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 08/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>CSATF</b>	LOG NUMBER (Staff Use Only) <b>H9343</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b>
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT
		<b>A4W ADA</b>
HOUSING <b>F1-</b>		

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

I met w/an ADA Sgt yesterday for this very issue. I was denied my Afternoon Meds because I was late to Pill call

**WHY CAN'T YOU DO IT?**

I did not hear, nor did 5 other Pod Mates, the call for Pill Call. One said he heard a mail call but that was it. This is at least the 3rd time I've requested help being notified of Podium announcements ANY and ALL. I DO NOT hear them, or understand what's said.

**WHAT DO YOU NEED?**

I need some kind of remedy for not being able to hear or understand AC announcements, whether lights are off or a Porter, or gold coat. Also no [redacted] ridiculous statements saying what time do we do Pill call. Anytime from 11:40 to 12:45. It VARIES that much! I ask AGAIN, can I please get assistance for responding to announcements. And C/o's cooperation as well.

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure 

List and attach documents, if available:

I understand that sta

failure to cooperate may cause this request to be disapproved.

**12-17-23**  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 493631

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 12 / 18 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the **Inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **Inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] AGPA [REDACTED]

12 / 18 / 23

Person Completing Step 1

Title

[REDACTED] Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

**Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** FORWARD TO HC FOR INPUT REGARDING RECORD OF MEDICATION ADMINISTRATION ON 12/16/2023 - 12/17/2023 AND INPUT REGARDING REPORTED HEARING DIFFICULTIES. PREVIOUS 1824# 492884 REQUESTED PERSONAL NOTIFICATIONS, HOWEVER, STATED THE NEED WAS DUE TO GETTING WINDED WHEN WHEELING HIMSELF TO THE PODIUM.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Completed

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 493631

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required**.Reason: \_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation **IS required**.Reason: \_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] AGPA

12 / 19 / 23

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary**

Monday December 18, 2023 01:41:37 PM

As of: 12/18/2023 ➔

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility F

Housing Area/Bed: F 001 [REDACTED]

Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Non-Designated Program Facility

Housing Ground Floor-Limited Stairs

Restrictions: Lower/Bottom Bunk Only

Physical Transport Vehicle with Lift

Limitations to Special Cuffing Needed

Job/Other: Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 10/23/2017

DPP Codes: DPO

DPP Determination Date: 05/11/2023

Current MH LOC: CCCMS

Current MH LOC Date: 08/09/2023

SLI Required:

Interview Date:

Non-Formulary

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 10/30/2017

Durable Medical Equipment: Air Cushion (for

Wheelchair Seat)

Canes

Mobility Impaired

Disability Vest

Diabetic

Supplies/Monitors

Eyeglass Frames

Incontinence Supplies

Night Guard

Therapeutic

Shoes/Orthotics

Walkers

Wide Wheel Chair

Languages Spoken:

**IMPORTANT DATES**

Date Received: 10/18/2017

Last Returned

Date:

Release Date: 08/27/2207

Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 05/19/2021

Date:

Status: Full Time

Position #: AD1.001.007

Position Title: F B-1 ADA WORKER GROUP A

Regular Days On: Monday through Friday (06:30:00 -  
10:00:00)Monday through Friday (10:30:00 -  
14:00:00)

**Disability Verification Process (DVP)****Worksheet**

SIDE 1

INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
[REDACTED]	493631
CDCR NUMBER	
[REDACTED]	

**INSTRUCTIONS**

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

**SECTION 1 – SME FINDINGS**

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review:  Health care review  Mental Health review  Education / learning disability review  
 Other review: \_\_\_\_\_ File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7410 dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 128-C2: dated: ____ / ____ / ____
<input type="checkbox"/> CDCR 7536 dated: ____ / ____ / ____	<input type="checkbox"/> CDC 7221-DME dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7388: dated: ____ / ____ / ____
<input type="checkbox"/> CDCR 128-C3: dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7386: dated: ____ / ____ / ____	<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____
<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____	<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____	

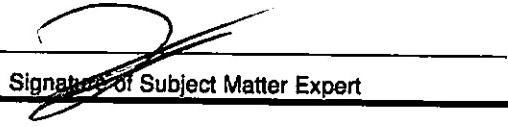
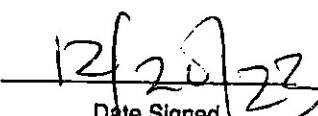
 Recently evaluated for this issue. Date seen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Evaluation (exam/interview) scheduled. Anticipated date to be seen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_Disability indicated:  Yes  No  Unable to Determine

DPP: DPO

Summary of findings: DMF: Permanent air cushion, cane, diabetic supplies/monitors, eyeglass, incontinence supplies, MID vest, therapeutic shoes, walker, wide wheelchair, night guard

Summary of limitations: Special Cuffing, Transport Vehicle With Lift, Bottom Bunk, Ground Floor- Limited Stairs

Comments: Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.

  
Signature of Subject Matter Expert  
Date Signed

# Exhibit 39

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 10/04/2023

Date IAC Received 1824: 10/2/2023

1824 Log Number: 457562

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: F2 [REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Health Program Manager III [REDACTED], Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Dental Representative [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED].

**Summary of Inmate's 1824 Request:** The inmate reports their tablet is broken. The inmate requests repair or replacement.

**Interim Accommodation:**

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate reports their tablet is broken. The inmate requests repair or replacement.

**Response:** On 5/20/2021, the RAP met and discussed your 1824, Reasonable Accommodation Request.

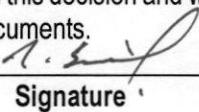
The RAP reviewed your request and determined it is not a request for reasonable accommodation. You are encouraged to utilize the appropriate avenues to address requests or concerns. The inmate may submit a remedy ticket to Via Path through the kiosk. The California Department of Corrections and Rehabilitation (CDCR) is not responsible for issuing, servicing, or maintaining Via Path tablets.

If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process. You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

  
Signature

Date sent to inmate:

STATE OF CALIFORNIA

**REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>451562</b>	DATE RECEIVED BY STAFF: <b>OCT 02 2023</b> <b>OFFICE OF GRIEVANCES</b>	
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>			
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT <b>SATF</b>	HOUSING <b>F-2- [REDACTED]</b>

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I HAVE ASKED FOR HELP TO GET GTL TO FIX MY TABLET IN CCCMS AND I CANT GET TIME TO CALL MY FAMILY OR USE KIOSK AT NIGHT, MY CHARGER AND HEADPHONE PORT ARE BROKEN I NEED A NEW TABLET PLEASE, IM NOT GETTING EQUAL ACCESS

## WHY CAN'T YOU DO IT?

BECAUSE GTL DOES NOT COME FIX IT LAST TIME THE MAN SAID HE HAD NO TABLET TO REPLACE

## WHAT DO YOU NEED?

A WAY TO GET MY TABLET REPLACED  
AND A WAY TO CHARGE IT UNTIL THEN  
PLEASE

(Use the back of this form if more space is needed)

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure 

List and attach documents, if available:

*SOMS*

I understand that sta

to cooperate may cause this request to be disapproved.

*10-1-23*

DATE SIGNED

Assistance in completing this form is available by calling 800-777-4646.

Last Name

First Name

Signature

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)	DATE RECEIVED BY STAFF:
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
<p><b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>		

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
-----------------------	-------------	------------	---------

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**


---



---



---



---



---

**WHY CAN'T YOU DO IT?**


---



---



---



---

**WHAT DO YOU NEED?**


---



---



---



---



---



---



---

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?      Yes     No     Not Sure** 

List and attach documents, if available:

---



---

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

**INMATE'S SIGNATURE****DATE SIGNED**

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 457562

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 10 / 02 / 2023

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

N. SCAIFE

ADAC

10 / 2 / 2023

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: I/M IS NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S.  
I/M MAY SUBMIT REMEDY TICKET TO GTL. CDCR IS NOT RESPONSIBLE FOR ISSUING,

SERVICING, OR MAINTAINING GTL TABLETS.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer (Print Name)

Title

Signature

/ /  
Date Completed

Inmate: \_\_\_\_\_

CDCR #: \_\_\_\_\_

CDCR 1824 Log #: \_\_\_\_\_

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT required**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation **IS required**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date provided:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary**

Monday October 02, 2023 01:46:39 PM

As of: 10/02/2023 ➔

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility F

Housing F 002 [REDACTED]

Area/Bed:

Placement 42

Score:

Custody Medium (A)

Designation:

Housing Non-Designated Program Facility

Program:

Housing Ground Floor-No Stairs

Restrictions: Lower/Bottom Bunk Only

Physical Limited Wheelchair User

Limitations to Special Cuffing Needed

Job/Other: No Rooftop Work

Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 06/25/2002

DPP Codes: DPO

DPP Determination Date: 04/20/2023

Current MH LOC: CCCMS

Current MH LOC Date: 05/19/2021

SLI Required:

Interview Date:

Non-Formulary

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 06.0

Initial Reading Level Date: 02/23/2021

Durable Medical Equipment: Ankle Foot

Orthoses/Knee Ankle  
Foot Orthoses  
(AFO/KAFO)Wrist Support Brace  
Compression Stocking

Mobility Impaired

Disability Vest

Diabetic

Supplies/Monitors  
Eyeglasses for Aphakia

Incontinence Supplies

Pressure Reducing

Support Services-Groups  
1,2 & 3 (Mattress)

Night Guard

Other (Include in  
Comments)

Therapeutic

Shoes/Orthotics

Walkers

Wheelchair

Wound Care Dressings

Languages Spoken:

**IMPORTANT DATES**

Date Received: 10/01/2020

Last Returned

Date:

Release Date: 11/16/2028

Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 09/18/2023

Date:

Status: Reentry

Position #: CB2.020.011

Position Title: F DRP CB2-1 F2-B-160

Regular Days Monday, Wed, Friday (08:15:00 -

On: 10:15:00)

# Exhibit 40

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 11/1/2023

Date IAC Received 1824: 10/25/2023

1824 Log Number: 469166

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Health Program Manager III [REDACTED]  
 Nurse [REDACTED] Physician and Surgeon [REDACTED] Registered  
 Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED]  
 Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED]

**Summary of Inmate's 1824 Request:** The alleges suffering from anxiety and depression due to being without a tablet. The inmate requests a tablet.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing programs, services, and activities.

**RAP RESPONSE:**

**RAP is unable to render a final decision on the following:** The alleges suffering from anxiety and depression due to being without a tablet. The inmate requests a tablet.

**Response:** On 11/01/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. The RAP reviewed your request and determined it is not a request for reasonable accommodation. Your request was forwarded to Mental Health (MH) Services for reports of anxiety and depression, and routine consult. Per Operational Procedure (OP) 526, GTL will provide all equipment, infrastructure, hardware, and software. GTL will provide all maintenance and operational support for the entire term of the contract. You are encouraged to utilize the appropriate avenues to address requests or concerns, such as utilizing the GTL kiosk to request a tablet.

Due to its nature, your request was forwarded to Mental Health Services for input. Mental Health Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you were seen on 10/23/2023 and 10/24/2023 by Dr. [REDACTED] at which time you expressed the same concerns contained in this 1824 regarding depression and frustration with lack of a tablet. You were informed that the tablets remain on back order. Due to your reported symptoms, you were placed back into the Correctional Clinical Case Management System (CCCMS) level of care on 10/24/2023.

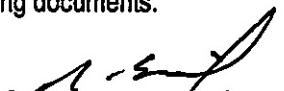
Dr. [REDACTED] placed orders for you to receive a MH assessment and an Interdisciplinary Treatment Team (IDTT) now that you have been re-introduced in the Mental Health Services Delivery System (MHSDS). Your MH will be monitored for any changes or worsening in your symptoms and chart review indicates you are capable of completing the 7362 processes independently if you require MH support as needed (PRN).

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Mental Health Services for any mental health related requests. If you are dissatisfied or disagree with the treatment being provided by Mental Health Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

NOV 21 2023

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>SATF</i>	LOG NUMBER (Staff Use Only) <i>469166</i>	DATE RECEIVED BY STAFF: OF GRIEVANCES <i>07/25/23</i>
***** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.		
INMATE'S NAME (Print)	CDCR NUMBER [REDACTED]	ASSIGNMENT <i>ADA WORKER</i> OFFICE <i>D-1</i> HOUSING

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I'M A TRIPLE C INMATE WHO IS SUFFERING FROM DEPRESSION - AND ANXIETY DUE TO NOT BEING ABLE TO SPEAK TO MY CHILDREN BECAUSE F DON'T HAVE A TABLET NE ARE LOCKED DOWN SO OFTEN THAT F CAN'T SPEAK OR MESSAGE AS OFTEN AS I CAN.

## WHY CAN'T YOU DO IT?

NO TABLET

---



---



---



---

## WHAT DO YOU NEED?

A TABLET

---



---



---



---

(Use the back of this form if more space is needed.)

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure 

List and attach documents, if available:

I understand that staff have a duty to interview or evaluate me and my family to cooperate may cause this request to be disapproved.

*10-26-23*

DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.  
Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 469166

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 10 / 25 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care [REDACTED] safety concerns.

[REDACTED] AGPA [REDACTED]

10 / 25 / 23

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

**Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORWARD TO MH FOR REPORTS OF ANXIETY AND DEPRESSION; OOG FORWARDED TO MH  
FOR ROUTINE CONSULT.

**Notes:** PER OP 526, GTL WILL PROVIDE ALL EQUIPMENT, INFRASTRUCTURE, HARDWARE, AND SOFTWARE. GTL  
WILL PROVIDE ALL MAINTENANCE AND OPERATIONAL SUPPORT FOR THE ENTIRE TERM OF THE  
CONTRACT. I/M IS ENCOURAGED TO UTILIZE KIOSK TO REQUEST A TABLET. I/M MAY UTILIZE PHONES  
IN DAYROOM OR WRITE LETTERS TO CONTACT LOVED ONES.

Interviewer (Print Name) \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 469166

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation IS NOT required.

Reason: \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation IS required.

Reason: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:**

**Date provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] AGPA

Person Completing Step 3

Title

Signature

10 / 26 / 23

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Wednesday October 25, 2023 02:24:33 PMAs of: 10/25/2023 

<b>OFFENDER/PLACEMENT</b> <p>CDC#: [REDACTED]        Name: [REDACTED]        Facility: SATF-Facility D        Housing Area/Bed: D 001 [REDACTED]        Placement Score: 77        Custody Designation: Medium (A)        Housing Program: Sensitive Needs Yard        Housing Restrictions:        Physical Limitations to        Job/Other:</p>	<b>DISABILITY ASSISTANCE</b> <p>Current DDP Status: NCF        DDP Adaptive None        Support Needs:        Current DDP Status Date: 11/05/2020        DPP Codes:        DPP Determination Date:        Current MH LOC: CCCMS        Current MH LOC Date: 10/24/2023        SLI Required:        Interview Date:        Non-Formulary        Accommodations/Comments:        Learning Disability:        Initial Reading Level: 04.0        Initial Reading Level Date: 11/04/2021        Durable Medical Equipment:        Languages Spoken:</p>
---	---

<b>IMPORTANT DATES</b> <p>Date Received: 11/03/2020        Last Returned          Date:        Release Date: 11/11/2058        Release Type: Minimum Eligible Parole Date</p>	<b>WORK/VOCATION/PIA</b> <p>Privilege Group: A        Work Group: A1        AM Job Start 01/28/2022          Date:          Status: Full Time        Position #: AD2.002.004        Position Title: D B-2 ADA WORKER GROUP B        Regular Days On: Sun, Wed, Thu, Fri, Sat (13:00:00 -          16:45:00)          Sun, Wed, Thu, Fri, Sat (17:30:00 -          20:30:00)</p>
---	---

# Exhibit 41

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 12/13/2023

Date IAC Received 1824: 12/11/2023

1824 Log Number: 490965

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: F1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED], Field Training Lieutenant [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports being hearing impaired; Inmate requests an iPad.

**Interim Accommodation:**

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

**RAP RESPONSE:**

**RAP Is able to render a final decision on the following:** Inmate reports being hearing impaired; Inmate requests an iPad.

**Response:** On 12/13/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

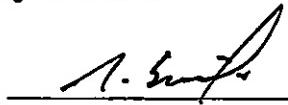
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, CART service during due process events and access to the caption phone. Your current Effective Communication (EC) methods of staff speaking loudly and clearly, and written notes are sufficient to maintain EC during due process and all general communication. You do not require an iPad with live captioning to access PSA's.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction If dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

JAN 09 2024

**REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)**

Page 1 of 1

<b>INSTITUTION</b> (Staff use only)	<b>LOG NUMBER</b> (Staff Use Only) <b>490905</b>	<b>DATE RECEIVED BY STAFF:</b> <b>SATF OFFICE ,</b> <b>DEC 11 2023</b>
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.		
<b>INMATE'S NAME (Print)</b>	<b>CDCR NUMBER</b>	<b>ASSIGNMENT</b> <b>ADA 2/W WORKER</b>
		<b>PRIVACIES</b> <b>HOUSING</b> <b>F1</b>

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

**CAN'T PROPERLY COMMUNICATE VERBALLY AT ALL TIMES. MY SECONDARY FORM OF COMMUNICATION IS WRITTEN NOTES.**

---



---



---

**WHY CAN'T YOU DO IT?**

**CAN'T ALWAYS PROPERLY COMMUNICATE WITH INMATES OR STAFF DUE TO HEARING.**

---



---



---

**WHAT DO YOU NEED?**

**I'M REQUESTING I-PAD/I-PHONE FOR WRITTEN NOTE COMMUNICATION.**

---



---



---

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?**

List and attach documents, if available:

Yes  No  Not Sure

**SEE MEDICAL FILE.**

---

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.


**INMATE'S SIGNATURE**
**12-10-2023**
**DATE SIGNED**

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.  
Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 490965

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 12 / 11 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the **Inmate injury or other serious harm** while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **Inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] AGPA [REDACTED]

12 / 11 / 23

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: ADAC WILL REVIEW REQUEST FOR I-PAD  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer (Print Name)

Title

Signature

/ / /  
Date Completed

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 490965

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation IS NOT required.

Reason: \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation IS required.

Reason: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date provided:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] AGPA

Person Completing Step 3

Title

Signature

12 / 12 / 23

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Monday December 11, 2023 04:44:02 PM

As of: 12/11/2023 ➔

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility F

Housing F 001 [REDACTED]

Area/Bed:

Placement 19

Score:

Custody Medium (A)

Designation:

Housing Non-Designated Program Facility

Program:

Housing Barrier Free/Wheelchair Accessible

Restrictions: Ground Floor-No Stairs

Lower/Bottom Bunk Only

Physical Full Time Wheelchair User

Limitations to Transport Vehicle with Lift

Job/Other: Special Cuffing Needed

Lifting Restriction- Unable to Lift more than 19

Pounds

Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 02/18/2009

DPP Codes: DPW, DNH

DPP Determination Date: 06/20/2023

Current MH LOC: CCCMS

Current MH LOC Date: 09/16/2022

SLI Required: No

Interview Date: 08/21/2023

Primary Method(s) - Hearing: Need Staff to Speak

Loudly and Clearly

Alternate Method - Hearing: Written Notes

Non-Formulary CART service shall be  
Accommodations/Comments: provided during due  
process events.

Learning Disability:

Initial Reading Level: 11.0

Initial Reading Level Date: 09/29/2016

Durable Medical Equipment: Hearing Aid

Back Braces

Ankle Foot

Orthoses/Knee Ankle

Foot Orthoses

(AFO/KAFO)

Mobility Impaired

Disability Vest

Eyeglass Frames

Foot Orthoses

Knee Braces

Other (Include in  
Comments)

Therapeutic

Shoes/Orthotics

Wheelchair

Languages Spoken:

**IMPORTANT DATES**

Date Received: 02/13/2009

Last Returned

Date:

Release Date: 02/23/2026

Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 04/19/2023

Date:

Status: Full Time

Position #: AD1.001.001

Position Title: F B-1 ADA WORKER GROUP A

Regular Days On: Sun, Wed, Thu, Fri, Sat (06:30:00 -

10:00:00)

Sun, Wed, Thu, Fri, Sat (10:30:00 -

14:00:00)

# Exhibit 42

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 7/17/2024

Date IAC Received 1824: 7/15/2024

1824 Log Number: 592614

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED], Compliance Lieutenant [REDACTED], Chief Physician and Surgeon Dr. W. Kokor,

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing Programs, Services, and Activities (PSA)s.

**RAP RESPONSE:**

RAP is able to render a final decision on the following: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

**Response:** On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

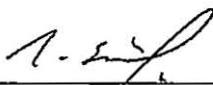
As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

AUG 13 2024

STATE OF CALIFORNIA

**REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>592614</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b> <b>JUL 15 2024</b>
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED] [REDACTED]	ASSIGNMENT <b>NONE</b>
HOUSING <b>A1- [REDACTED]</b>		
INSTRUCTIONS: <ul style="list-style-type: none"> <li>• You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>• You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.</li> <li>• Submit this form to the Custody Appeals Office.</li> <li>• The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>• The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>• If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?  <i>I have trouble hearing the Announce ments, I was told That the PLO Informed the hearing impaired Inmates of a rechargeable Vibrating watch,</i>		
WHY CAN'T YOU DO IT?  <i>I'm hearing impaired</i>		
WHAT DO YOU NEED?  <i>The rechargeable Vibrating watch the PLO said SATF had for hearing impaired inmates.</i>		
You already approved me to buy my own when I had my Stimulus Check,		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		
List and attach documents, if available:  <i>See medical file</i>		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.  <i>[REDACTED]</i>		
INMATE'S SIGNATURE		DATE SIGNED <b>7/12/24</b>
Assistance in completing this form was provided by:		
Last Name	First Name	Signature

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 592614

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 07 / 15 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] AGPA

Person Completing Step 1

Title

[REDACTED]

Signature

07 / 15 / 24

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
 \_\_\_\_\_

Staff Interviewed: [REDACTED] Title: C/O Interview date: 07 / 15 / 24

Interviewer Notes: OFFICER IS BUILDING REGULAR AND IS FAMILIAR WITH [REDACTED]. [REDACTED] RESPONDS TO ANNOUNCEMENTS QUICKLY AND IS OFTEN THE FIRST ONE READY FOR MEALS, YARDS, ETC  
 \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interviewer Notes: PURSUANT TO CDCR MEMO ISSUANCE OF VIBRATING WATCHES AS A REASONABLE ACCOMMODATION FOR PERMANENT HEARING-IMPAIRED, IMPACTING PLACEMENT INCARCERATED PERSON DATED 06/03/2024, ALL PERSONS NOT DESIGNATED DPH MAY PURCHASE A VIBRATING WATCH FROM ANY DEPARTMENTALLY APPROVED AUTHORIZED  
 \_\_\_\_\_

Notes: PERSONAL PROPERTY PACKAGE VENDOR AS A PART OF THEIR QUARTERLY PACKAGE ORDER IN KEEPING WITH TITLE 15 AND THE AUTHORIZED PERSONAL PROPERTY SCHEDULE. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH AND IS ACCOMMODATED WITH HEARING AIDS AS WELL AS A POCKET TALKER  
 \_\_\_\_\_

[REDACTED]  
 Interviewer (Print Name)

[REDACTED]  
 AGPA

Title

[REDACTED]  
 [REDACTED]  
 Signature

07 / 15 / 24  
 Date Completed

Inmate [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 592614

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT required**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation **IS required**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date provided:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] AGPA

Person Completing Step 3

Title

Signature

07 / 15 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

Monday July 15, 2024 01:43:53 PM

As of: 07/15/2024

## DPP Disability/Accommodation Summary

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility A  
 Housing Area/Bed: A 001 [REDACTED]  
 Placement Score: 19  
 Custody Designation: Medium (A)  
 Housing Program: Non-Designated Program Facility  
 Housing Restrictions: Ground Floor-Limited Stairs  
 Lower/Bottom Bunk Only  
 Physical Limitations to Lifting Restriction- Unable to Lift more than 19 Pounds  
 Job/Other: Permanent - 12/31/9999  
 EOP Accommodation  
 Recommendations:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive None  
 Support Needs:  
 Current DDP Status Date: 01/14/2005  
 DPP Codes: DNH  
 DPP Determination Date: 09/25/2019  
 Current MH LOC: CCCMS  
 Current MH LOC Date: 01/28/2005  
 SLI Required: No  
 Interview Date: 10/19/2015  
 Primary Method(s) - Hearing Aids  
 Hearing:  
 Alternate Method - Hearing: Reads Lips  
 Non-Formulary  
 Accommodations/Comments:  
 Learning Disability:  
 Initial Reading Level: 11.8  
 Initial Reading Level Date: 05/01/2014  
 Durable Medical Equipment: Hearing Aid  
 Canes  
 Non-invasive Airway Assistive Devices - C-Pap Machine  
 Electrical Access  
 Eyeglass Frames  
 Hearing Impaired Disability Vest  
 Incontinence Supplies  
 Knee Braces  
 Therapeutic Shoes/Orthotics  
 Languages Spoken:

**IMPORTANT DATES**

Date Received: 12/27/2004  
 Last Returned Date:  
 Release Date: 09/27/2030  
 Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start Date:  
 Status:  
 Position #:  
 Position Title:  
 Regular Days On:



CALIFORNIA DEPARTMENT of  
Corrections and Rehabilitation

## OFFICE OF GRIEVANCES DECISION

**INSTRUCTIONS:** Do not mail this response.

**Effective Communication** shall be provided upon delivery and documented in SOMS.

**Offender Name:** [REDACTED]

**Date:** 09/06/2024

**CDC#:** [REDACTED]

**Current Location:** SATF-Facility A

**Current Area/Bed:** A 001 1 [REDACTED]

**Log #:** 000000592614

### Claim #: 001

**Received at Institution/Parole Region:** California Substance Abuse Treatment Facility

**Submitted to Facility/Parole District:** California Substance Abuse Treatment Facility

**Housing Area/Parole Unit:**

**Group:** RAP Response Required

**Category:** Reasonable Accommodation

**Sub-Category:** Devices/Items

#### I. CLAIM

Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

#### II. RULES AND REFERENCES

##### A. CONTROLLING AUTHORITY

1824 Desk Reference Manual

##### B. DOCUMENTS CONSIDERED

CDCR 1824 Request for Reasonable Accommodation

#### III. REASONING AND DECISION

On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns.

#### IV. Comments

N/A

##### Decision: Denied

After a thorough review of all the documents and evidence presented to the Office of Grievances, it is the order of the Office of Grievances to DENY the claim.

If you are dissatisfied with the decision of this claim, you may appeal this decision by mailing a CDCR Form 602-2 to the Office of Appeals.

Staff Signature	Title	Date/Time
[REDACTED]	Reviewing Authority	09/05/2024

# Exhibit 43

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 1/24/2024

Date IAC Received 1824: 1/22/2024

1824 Log Number: 508719

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED].

**Summary of Inmate's 1824 Request:** The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

**Interim Accommodation:**

Interim Accommodation provided: You were issued a pocket talker on 01/03/2024 as an interim accommodation.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

**Response:** On 01/24/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 01/22/2024, you were issued a pocket talker on 01/03/2024 as an interim accommodation. Your request was forwarded to healthcare (HC) for input regarding your report of worsening hearing loss and record of diabetic call attendance. Housing unit staff utilize hearing impaired notification. You currently have an DPP verification code of DNH with hearing aids noted as your primary method of disability assistance, and an alternate method of disability assistance which requires staff to speak loudly and clearly. AS such, your hearing is restored to functional levels with the assistance and devices currently provided. A vibrating bed shaker is not indicated at this time, as you do not have profound hearing loss impacting your placement.

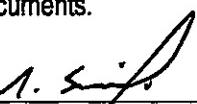
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating per review of your chart, you started weekly diabetic medication, Semaglutide on 11/22/2023, and according to the Medication Administration Record, you received this medication every Wednesday and have not missed a dose from 11/22/2023 – 01/17/2024. You are scheduled to follow-up with a Hearing Aid Specialist on 02/21/2024.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

  
Signature

Date sent to inmate:

FEB 21 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

508719

INSTITUTION (Staff use only) CSATF	LOG NUMBER (Staff Use Only) 508719	DATE RECEIVED BY STAFF: CSATF OFFICE  JAN 22 2024	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****  DO NOT use a CDR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDR 602-HC		OF GRIEVANCES	
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT CBQ - 1	HOUSING A3

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDR 1824 is a request process, not an appeal process. All CDR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDR 602, or CDR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

Due to my hearing I can't hear when breakfast release is. On most further more I can't hear when Disabetics are call on Wednesday when I got my shot. I can't hear when everyone is up giving me time to get ready for the above mentioned

## WHY CAN'T YOU DO IT?

My hearing is really bad and getting worse

## WHAT DO YOU NEED?

A mattress vibrator to wake me early enough to start my day without issue for rushing @ the last minute

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes  No  Not Sure 

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

1-20-24  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 508719

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 01 / 22 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

 Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

01 / 22 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS****Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/M IS ALSO ACCOMMODATED WITH POCKET TALKER.

**Notes:** FORWARD TO HC FOR INPUT REGARDING REPORTED WORSENING HEARING LOSS AND RECORD OF DIABETIC CALL ATTENDANCE. HOUSING UNIT STAFF UTILIZE HEARING IMPAIRED NOTIFICATION. I/M IS CURRENT DNH WITH EC OF HEARING AIDS AND NEED STAFF TO SPEAK LOUDLY. I/M MAY UTILIZE THE SPECIAL PURCHASE ORDER PROCESS TO PURCHASE THE REQUESTED ITEM.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Completed

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 508719

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT required.**

Reason: \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation **IS required.**

Reason: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:****Date provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/ /  
/ /  
/ /

Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] [REDACTED]

AGPA

01 / 23 / 24

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Monday January 22, 2024 12:57:39 PM

As of: 01/22/2024 ➤

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility A  
 Housing A 003 [REDACTED]  
 Area/Bed:  
 Placement 19  
 Score:  
 Custody Medium (A)  
 Designation:  
 Housing Non-Designated Program Facility  
 Program:  
 Housing Ground Floor-Limited Stairs  
 Restrictions: Lower/Bottom Bunk Only  
 Physical  
 Limitations to  
 Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive None  
 Support Needs:  
 Current DDP Status Date: 05/09/2006  
 DPP Codes: DNH, DNV  
 DPP Determination Date: 05/05/2023  
 Current MH LOC: CCCMS  
 Current MH LOC Date: 04/18/2018  
 SLI Required: No  
 Interview Date: 12/28/2022  
 Primary Method(s) - Hearing: Hearing Aids  
 Alternate Method - Hearing: Need Staff to Speak  
 Loudly and Clearly  
 Non-Formulary  
 Accommodations/Comments: TimeStamp: 28  
 December 2022  
 10:14:21 --- User: [REDACTED]  
 [REDACTED] [REDACTED]

## Learning Disability:

Initial Reading Level: 12.9  
 Initial Reading Level Date: 05/29/2014  
 Durable Medical Equipment: Hearing Aid  
 Back Braces  
 Canes  
 Eyeglass Frames  
 Knee Braces  
 Other (Include in  
 Comments)  
 Therapeutic  
 Shoes/Orthotics  
 Therapeutic Contact  
 Lenses

Languages Spoken:

**IMPORTANT DATES**

Date Received: 10/07/2013  
 Last Returned 04/03/2018  
 Date:  
 Release Date: 11/12/2028  
 Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start 11/20/2023  
 Date:  
 Status: Reentry  
 Position #: CB2.008.003  
 Position Title: A DRP CB2-1 VOC RM 108  
 Regular Days Monday, Wed, Friday (08:15:00 -  
 On: 10:15:00)

**Disability Verification Process (DVP)**  
**Worksheet**  
**SIDE 1**

INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
[REDACTED]	508719
CDCR NUMBER	
[REDACTED]	

**INSTRUCTIONS**

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

**SECTION 1 – SME FINDINGS**

Person completing worksheet: G. Ugwuaze, MD Title: CME

Type of Review:  Health care review  Mental Health review  Education / learning disability review  
 Other review: \_\_\_\_\_

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7538 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: \_\_\_/\_\_\_/\_\_\_

Evaluation (exam/interview) scheduled. Anticipated date to be seen: \_\_\_/\_\_\_/\_\_\_

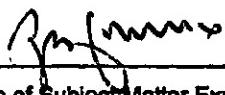
Disability indicated:  Yes  No  Unable to Determine

DPP: DNV, DNH

Summary of findings: DMF: back brace, cane, eyeglass, hearing aid, knee brace, therapeutic contact lens, therapeutic shoes, sunglasses for photo-phobia/light sensitivity

Summary of limitations: Bottom Bunk, Ground Floor- Limited Stairs

Comments: Per chart review, patient started his weekly diabetic medication, Semaglutide on 11/22/23; and according to Medication Administration Record, patient received this medication every Wednesday and has not missed a dose from 11/22/23- 1/17/24. Pt is scheduled to follow-up with Hearing Aid Specialist on 2/21/24.

  
Signature of Subject Matter Expert

01/24/2024  
Date Signed

# Exhibit 44

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 3/6/2024

Date IAC Received 1824: 3/4/2024

1824 Log Number: 528488

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: E1 [REDACTED]

RAP Staff Present: ADA Coordinator P. Llamas, Chief Physician and Surgeon (A) R. Davydov, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED]  
 Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

**Interim Accommodation:**

- No interim accommodation required: You are eligible for OTEH and are currently on the wait list based on a previous request.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

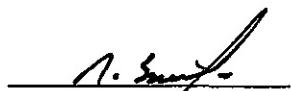
**Response:** On 3/6/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are currently on the wait list for OTEH. Once stock arrives and your name is reached on the list you will be issued OTEH. iPad technology is intended for individuals with profound hearing loss who utilize written notes. You are currently designated DNH with EC of hearing aids and need staff to speak loud and clear. You have demonstrated the ability to achieve effective communication through equally effective means such as with your hearing aids and with staff speaking loudly and clearly. ASL classes are currently not available at SATF. Although your PLO memo makes mention of a vibrating watch, they are not yet available for distribution. In the meantime, you may request to purchase one through the ADA special purchase order process.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife \_\_\_\_\_



Date sent to inmate:

MAR 28 2024

ADA Coordinator/Designee

Signature

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) <b>529488</b>	DATE RECEIVED BY STAFF: <b>MAR 04 2024</b>	
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>			
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDR 602-HC.			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING <b>E-1</b>

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDR 1824 is a request process, not an appeal process. All CDR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDR 602, or CDR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I have problems Hearing ANNOUNCEMENTS, I ALSO HAVE Need of over The ear Head phones

## WHY CAN'T YOU DO IT?

I Am following the instructions on a memo from The prison law office on Accommodations For Deaf or Hard of Hearing people

## WHAT DO YOU NEED?

I Would like to Be evaluated for the speech to text I-PAD and over the ears Head phones please

And i ALSO WOULD LIKE the vibrating WATCH And to learn SIGN LANGUAGE  
Thank you

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes  No  Not Sure 

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

**3-4-24**  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 528488

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 03 / 04 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

03 / 04 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS****Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/M IS ELIGIBLE FOR OTEH AND IS CURRENTLY ON THE WAIT LIST BASED ON A PREVIOUS REQUEST. ONCE STOCK ARRIVES AND I/M'S NAME IS REACHED ON THE LIST, I/M WILL BE ISSUE

**Notes:** OTEH, I-PAD TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS WHO UTILIZE WRITTEN NOTES. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH WITH EC OF HEARING AIDS AND NEEDS STAFF TO SPEAK LOUD AND CLEAR. ASL CLASSES ARE NOT CURRENTLY AVAILABLE AT SATE. I/M IS CURRENTLY ACCOMMODATED WITH HEARING AIDS.

Interviewer (Print Name)

Title

Signature

Date Completed

DRAFT

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 528488

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required**.Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation **IS required**.Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[REDACTED] [REDACTED]

AGPA

Person Completing Step 3

Title

Signature

03 / 05 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Monday March 04, 2024 02:20:28 PMAs of: 03/04/2024 

<b>OFFENDER/PLACEMENT</b>		<b>DISABILITY ASSISTANCE</b>
CDC#:	[REDACTED]	Current DDP Status: NCF
Name:	[REDACTED]	DDP Adaptive None
Facility:	SATF-Facility E	Support Needs:
Housing E 001	[REDACTED]	Current DDP Status Date: 04/10/2003
Area/Bed:	Placement 24	DPP Codes: DPW, DNH
Score:	Custody Medium (A)	DPP Determination Date: 08/31/2023
Designation:	Housing Non-Designated Program Facility	Current MH LOC: CCCMS
Program:	Housing Barrier Free/Wheelchair Accessible	Current MH LOC Date: 12/11/2013
Restrictions:	Grab Bar Required	SLI Required: No
	Ground Floor-No Stairs	Interview Date: 09/08/2023
	Lower/Bottom Bunk Only	Primary Method(s) - Hearing: Hearing Aids
	Physical Full Time Wheelchair User	Alternate Method - Hearing: Need Staff to Speak
Limitations to Transport Vehicle with Lift		Loudly and Clearly
Job/Other:	Lifting Restriction- Unable to Lift more than 19 Pounds	Non-Formulary
	No Rooftop Work	Accommodations/Comments:
	Permanent - 12/31/9999	Learning Disability: Initial Reading Level: 12.9 Initial Reading Level Date: 03/18/2013
		Durable Medical Equipment: Air Cushion (for Wheelchair Seat) Hearing Aid Back Braces Compression Stocking Commode Chair Eyeglass Frames Hearing / Mobility Impaired Disability Vest Incontinence Supplies Knee Braces Other (Include in Comments) Therapeutic Shoes/Orthotics Truss Hernia Support Wheelchair
		Languages Spoken:

<b>IMPORTANT DATES</b>		<b>WORK/VOCATION/PIA</b>
Date Received:	04/22/1988	Privilege Group: A
Last Returned	06/05/1996	Work Group: A1
Date:		AM Job Start 03/04/2024
Release Date:	01/21/2038	Date:
Release Type:	Minimum Eligible Parole Date	Status: Reentry
		Position #: ISO.003.003
		Position Title: E DRP ISO-3 EDUC RM 188
		Regular Days On: Monday, Wed, Friday (13:15:00 - 15:15:00)

# Exhibit 45

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/28/2024

Date IAC Received 1824: 2/21/2024

1824 Log Number: 523321

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G3 [REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Healthcare Program Manager III [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED].

**Summary of Inmate's 1824 Request:** The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

**Interim Accommodation:**

No interim accommodation required: You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a profound hearing loss, who utilize written notes to achieve effective communication. You are safely accessing programs, services, and activities.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

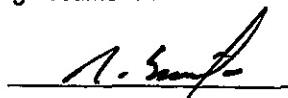
**Response:** On 02/28/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/21/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH. You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a DPP verification code of DPH who have profound hearing loss and utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not require real time captioning to access programs, services and activities (PSA's). You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services regarding issues with your hearing aids, or for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process. You are safely accessing programs, services, and activities.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife \_\_\_\_\_

ADA Coordinator/Designee



Signature

Date sent to inmate:

MAR 20 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>52332</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT <b>E.O.P</b>
		HOUSING <b>B</b>

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

I HAVE ISSUES Hearing people around me when I'm having conversations

**WHY CAN'T YOU DO IT?** BECAUSE I had AN EAR RUPTURE, which Made me have to wear A HEARING AID.

**WHAT DO YOU NEED?**

I IPad OR I phone would help me communicate with my peers.

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure 

List and attach documents, if available:

IT IS DOCUMENTED I WEAR A HEARING AID

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

01/21/2024  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 523321

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 02 / 21 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

02 / 21 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS***Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:** A REVIEW OF SOMS INDICATES I/M IS DESIGNATED AS DNH WITH A PRIMARY EC OF NEED STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. IPADS OR IPHONES ARE INTENDED FOR INDIVIDUALS WITH A PROFOUND HEARING LOSS (DPL) WHO UTILIZE WRITTEN NOTES FOR EFFECTIVE COMMUNICATION

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Completed

DRAFT

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 523321

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required.**Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation **IS required.**Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**AGPA**

Person Completing Step 3

Title

Signature

**02 / 228 / 24**

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Wednesday February 21, 2024 01:09:38 PM

As of: 02/21/2024 ➤

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility G  
 Housing Area/Bed: G 003 [REDACTED]  
 Placement Score: 18  
 Custody Medium (A)  
 Designation:  
 Housing Program: Enhanced Out Patient  
 Housing Lower/Bottom Bunk Only  
 Restrictions:  
 Physical Limitations to Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive None  
 Support Needs:  
 Current DDP Status Date: 07/16/2001  
 DPP Codes: DNH  
 DPP Determination Date: 07/10/2022  
 Current MH LOC: EOP  
 Current MH LOC Date: 10/17/2023  
 SLI Required: No  
 Interview Date: 03/07/2023  
 Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly  
 Alternate Method - Hearing: Hearing Aids Non-Formulary  
 Accommodations/Comments: TimeStamp: 7 March 2023 13:05:39  
 --- User: [REDACTED]  
 Learning Disability:  
 Initial Reading Level: 09.0  
 Initial Reading Level Date: 02/23/2023  
 Durable Medical Equipment: Hearing Aid  
 Compression Stocking  
 Hearing Impaired Disability Vest  
 Languages Spoken:

**IMPORTANT DATES**

Date Received: 03/27/2019  
 Last Returned Date:  
 Release Date: 10/20/2040  
 Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start Date:  
 Status:  
 Position #:  
 Position Title:  
 Regular Days On:

# Exhibit 46

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/15/2024

1824 Log Number: 520909

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED], Principle (A) [REDACTED].

**Summary of Inmate's 1824 Request:** The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

**Interim Accommodation:**

No interim accommodation required: You are accommodated with a pocket talker as of 10/06/2023.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

**Response:** On 02/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/15/2024, notes you are accommodated with a pocket talker as of 10/06/2023. Your request for a new hearing aid is duplicative to Log# 520905. Your request was forwarded to healthcare (HC) for input regarding your request for new hearing aids. You are encouraged to utilize a 7362 for medical related requests. You have already requested CART service for BPH during 1073 interview with your assigned Correctional Counselor I.

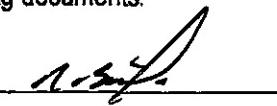
The Americans with Disabilities Act Coordinator (ADAC) has reviewed your request for CART service during due process events. You are designated DNH, meaning your hearing loss is not so severe that you must rely on written communication. Rather, you have residual hearing at a functional level with hearing aids. Furthermore, you possess a personal sound amplification product (PSAP) to provide even further assistance with hearing. Your recent effective communication (EC) history has been reviewed, showing successful EC achievement at due process events using existing methods, such as staff speaking loudly and clearly, and your use of hearing aids. Therefore, the ADAC determined you do not require CART to establish EC, as currently available methods have proven to provide equal accessible means.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating your request is a duplicate to Log# 520905 – An order has been placed for you to follow up with the Hearing Aid Specialist for malfunctioning hearing aids. You are accommodated with a hearing-impaired disability vest.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife \_\_\_\_\_



ADA Coordinator/Designee

Signature

Date sent to inmate:

MAR 13 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST.**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>CSATF</b>	LOG NUMBER (Staff Use Only) <b>500909</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b> <b>FEB 15 2024</b> <b>OF GRIEVANCE</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [Redacted]	CDCR NUMBER [Redacted]	ASSIGNMENT <b>DRP</b>
		HOUSING <b>D3 - [Redacted]</b>

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*Issues.**I'm having hearing*

## WHY CAN'T YOU DO IT?

*Hearing Impair.*

## WHAT DO YOU NEED?

*I need new hearing aids  
Flame 250 BTE. I need CART for  
my upcoming bogus 115 hearing aid  
Parole board hearing*

*(Use the back of this form if more space is needed)*

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure 

List and attach documents, if available:

*Medical ADA Communication Summary  
Status*

I understand that staff have a right to interview or examine me and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

*2/3/24*

DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.  
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 520909

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 02 / 15 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] [REDACTED]

AGPA

[REDACTED]

02 / 15 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed:

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

Staff interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

*I/m is accommodated w/ a pocket talker as of 10/16/23*

**Notes:** REQUEST FOR HA DUPLICATE TO 520905. FORWARD TO HC FOR INPUT REGARDING REQUEST OF NEW HEARING AIDS. I/M IS ENCOURAGED TO UTILIZE A 7362 FOR MEDICAL RELATED REQUESTS. I/M HAS ALREADY REQUESTED CART FOR BPH DURING 1073 INTERVIEW WITH COUNSELOR. ADAC WILL REVIEW REQUEST FOR CART DURING CDCR DUE PROCESS.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Completed

DRAFT

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 520909

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation IS NOT required.Reason: \_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation IS required.Reason: \_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED]

AGPA

02 / 16 / 24

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035CDPP Disability/Accommodation Summary** Thursday February 15, 2024 02:14:33 PM

As of: 02/15/2024 ➤

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility D

Housing Area/Bed: D 003 [REDACTED]

Placement Score: 104

Custody Medium (A)

Designation:

Housing Program: Sensitive Needs Yard

Housing Barrier Free/Wheelchair Accessible

Restrictions: Ground Floor-No Stairs

Lower/Bottom Bunk Only

Trapeze Bar Required

Physical Limitations Full Time Wheelchair User

to Job/Other: Transport Vehicle with Lift

Special Cuffing Needed

Lifting Restriction- Unable to Lift more  
than 19 Pounds

Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 09/11/2001

DPP Codes: DPW, DNH

DPP Determination Date: 06/19/2023

Current MH LOC: CCCMS

Current MH LOC Date: 10/14/2020

SLI Required: No

Interview Date: 07/05/2023

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly  
and Clearly

Non-Formulary EEC 128B completed by SLI

Accommodations/Comments: [REDACTED]

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 11/16/2012

Durable Medical Equipment: Air Cell Cushion - High Profile

(Roho)

Hearing Aid

Back Braces

Canes

Non-invasive Airway Assistive

Devices - C-Pap Machine

Electrical Access

Eyeglass Frames

Hearing / Mobility Impaired

Disability Vest

Incontinence Supplies

Knee Braces

Night Guard

Therapeutic Shoes/Orthotics

Wheelchair

Languages Spoken:

**IMPORTANT DATES**

Date Received: 10/01/1991

Last Returned

Date:

Release Date: 05/20/2006

Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 09/30/2023

Date:

Status: Full Time

Position #: AD1.002.022

Position Title: D B-3 ADA WORKER GROUP A

Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 -  
16:45:00)Sun,Mon,Tue, Fri,Sat (17:30:00 -  
20:30:00)

**Disability Verification Process (DVP)**  
**Worksheet**  
**SIDE 1**

INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
[REDACTED]	520909
CDCR NUMBER	
[REDACTED]	

**INSTRUCTIONS**

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

**SECTION 1 – SME FINDINGS**

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review:  Health care review  Mental Health review  Education / learning disability review  
 Other review: \_\_\_\_\_

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7410 dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 128-C2: dated: ____ / ____ / ____
<input type="checkbox"/> CDCR 7536 dated: ____ / ____ / ____	<input type="checkbox"/> CDC 7221-DME dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7388: dated: ____ / ____ / ____
<input type="checkbox"/> CDCR 128-C3: dated: ____ / ____ / ____	<input type="checkbox"/> CDCR 7386: dated: ____ / ____ / ____	<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____
<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____	<input type="checkbox"/> Other: _____ dated: ____ / ____ / ____	

Recently evaluated for this issue Date seen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Evaluation (exam/interview) scheduled. Anticipated date to be seen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*  
Disability indicated:  Yes  No  Unable to Determine

DPP: DPW, DNH

Summary of findings: DME: Air cell cushion - high profile (ROHO), back braces, cane, HID/MID vest, eyeglass frames, hearing aid, incontinence supplies, knee braces, C-Pap, therapeutic shoes/orthotics, wheelchair

Summary of limitations: Trapeze bars, barrier free wheelchair access, ground floor-no stairs, bottom bunk, full time wheelchair user, transport vehicle w/ lift, special cuffing, lifting restriction

Comments: Duplicate to 520905 - Order has been placed for patient to follow up with Hearing Aid Specialist for malfunctioning hearing aids. Patient is accommodated with a hearing impaired disability vest.

  
Signature of Subject Matter Expert

02/16/2024  
Date Signed

# Exhibit 47

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 10/11/2023

Date IAC Received 1824: 10/6/2023

1824 Log Number: 460315

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D3 [REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Health Program Manager III [REDACTED], Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Field Training Lieutenant [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED]

**Summary of Inmate's 1824 Request:** The inmate states they are having trouble hearing. The inmate requests to use Communication Access Real-Time Translation Services (CART) at their Board of Prison Hearing (BPH) in November.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing programs, services, and activities.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate states they are having trouble hearing. The inmate requests to use Communication Access Real-Time Translation Services (CART) at their Board of Prison Hearing (BPH) in November.

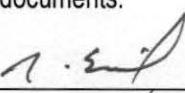
**Response:** On 10/11/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. Your request to receive CART services at your BPH hearing in November was reviewed by the RAP committee. A review of SOMS indicates you are designated DNH and are accommodated with hearing aids. A review of your communication methods shows that you do not require written notes to establish effective communication (EC). Currently, the California Department of Correction and Rehabilitation (CDCR) offers CART to qualifying individuals during classification committees, Administrative Segregation Unit (ASU) Placement Notice Hearings, Rule Violation Report (RVR) Hearings, and biannual interviews covered by the staff misconduct orders.

Your request to use CART services has been denied. You may request additional assistance from BPH staff during your BPH hearing. Staff will continue to establish EC with you by ensuring you are wearing your hearing aids and speaking loudly and clearly if your hearing aids are not available or not working. You are safely accessing programs, services, and activities. You may request additional assistance from BPH staff during your BPH hearing.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

  
 Signature

Date sent to inmate:

 CSATF OFFICE  
 NOV 03 2023  
 OF GRIEVANCES

STATE OF CALIFORNIA

REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>400315</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b> <b>OCT 06 2023</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****		
<u>DO NOT</u> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT <b>DRP/AIA D3- [REDACTED]</b>
OF GRIEVANCES HOUSING		

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*My Counselor CCI [REDACTED] told me to turn in 1824 form for hearing assistant through CART - with real live captioning for my BPH coming up in November.*

## WHY CAN'T YOU DO IT?

*I'm having trouble hearing.*

## WHAT DO YOU NEED?

*Live Captioning during my BPH hearing, per title 15, CCR section (2251)*

(Use the back of this form if more space is needed)

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure 

List and attach documents, if available:

*ADA Accommodation Communication Summary Status or Medical File.*

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE  
[REDACTED]10/5/23  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 460315

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 10 / 6 / 2023

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

 Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED]

OT

[REDACTED]

10 / 6 / 2023

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS***Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Notes:** I/M is DNH with a primary communication method of "hearing aids" and a secondary of "need staff to speak loudly and clearly."

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Completed

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 460315

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required.**Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation **IS required.**Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing Step 3

Title

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary**

Friday October 06, 2023 10:30:02 AM

As of: 10/06/2023 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility D  
 Housing Area/Bed: D 003 [REDACTED]  
 Placement Score: 104  
 Custody Medium (A)  
 Designation:  
 Housing Program: Sensitive Needs Yard  
 Housing Barrier Free/Wheelchair Accessible  
 Restrictions: Ground Floor-No Stairs  
 Lower/Bottom Bunk Only  
 Trapeze Bar Required  
 Physical Full Time Wheelchair User  
 Limitations to Transport Vehicle with Lift  
 Job/Other: Special Cuffing Needed  
 Lifting Restriction- Unable to Lift more  
 than 19 Pounds  
 Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive None  
 Support Needs:  
 Current DDP Status Date: 09/11/2001  
 DPP Codes: DPW, DNH  
 DPP Determination Date: 06/19/2023  
 Current MH LOC: CCCMS  
 Current MH LOC Date: 10/14/2020  
 SLI Required: No  
 Interview Date: 07/05/2023  
 Primary Method(s) - Hearing: Hearing Aids  
 Alternate Method - Hearing: Need Staff to Speak Loudly  
 and Clearly  
 Non-Formulary EEC 128B completed by SLI

Accommodations/Comments: [REDACTED]

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 11/16/2012

Durable Medical Equipment: Air Cell Cushion - High

Profile (Roho)

Hearing Aid

Back Braces

Canes

Non-invasive Airway

Assistive Devices - C-Pap

Machine

Mobility Impaired Disability Vest

Electrical Access

Eyeglass Frames

Hearing Impaired Disability Vest

Incontinence Supplies

Knee Braces

Night Guard

Therapeutic Shoes/Orthotics

Wheelchair

Languages Spoken:

**IMPORTANT DATES**

Date Received: 10/01/1991  
 Last Returned  
 Date:  
 Release Date: 04/20/2006  
 Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start 09/30/2023  
 Date:  
 Status: Full Time  
 Position #: AD1.002.022  
 Position Title: D B-3 ADA WORKER GROUP A  
 Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 -  
 16:45:00)  
 Sun,Mon,Tue, Fri,Sat (17:30:00 -  
 20:30:00)

# Exhibit 48

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/14/2024

Date IAC Received 1824: 2/8/2024

1824 Log Number: 517620

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Registered Nurse [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED]

**Summary of Inmate's 1824 Request:** The inmate requests an iPhone or iPad with text to speech technology.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing programs, services, and activities.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** The inmate requests an iPhone or iPad with text to speech technology.

**Response:** On 02/14/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/08/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH with a primary method of disability assistance which requires staff to speak loudly and clearly, and an alternate method of use of hearing aids. Issuance of iPhone technology is intended for individuals with profound hearing loss who utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not meet criteria for issuance of iPhone technology as a reasonable accommodation. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

MAR 07 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
**CDCR 1824 (Rev. 09/17)**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1 ✓

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)	DATE RECEIVED BY STAFF:
SATF	517620	CSATF OFFICE FEB 08 2024 OF GRIEVANCES
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7382 or a CDCR 602-HC.		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT
		"EOP"
HOUSING G1		
<b>INSTRUCTIONS:</b>		
<ul style="list-style-type: none"> <li>• You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>• You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.</li> <li>• Submit this form to the Custody Appeals Office.</li> <li>• The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>• The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>• If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>		
<b>WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?</b>		
<p>I would like to be provided an (Iphone/Ipad) with Speech-to-text technology</p>		
<b>WHY CAN'T YOU DO IT?</b> they have <u>NOT</u> issued them		
<b>WHAT DO YOU NEED?</b>		
<p>(Iphone/Ipad) with "Speech-to-text" technology</p>		
(Use the back of this form if more space is needed)		
<b>DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		
List and attach documents, if available:  <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div>		
I understand that failure to provide an interview or examining me, and my failure to cooperate may cause this request to be disapproved. <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div>		
<b>INMATE'S SIGNATURE</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <b>DATE SIGNED</b> <div style="border: 1px solid black; width: 100%; height: 10px;"></div>		
Assistance in completing this form was provided by: <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div>		
Last Name	First Name	Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 517620

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 02 / 08 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances/which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]

AGPA

[REDACTED]

02 / 08 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS**

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_

Title: \_\_\_\_\_

Information needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH WITH PRIMARY EC OF NEED STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. ISSUANCE OF IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS WHO UTILIZE WRITTEN NOTES FOR EC.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Completed

**IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 517620

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)** An Interim Accommodation **IS NOT required**.Reason: \_\_\_\_\_  
\_\_\_\_\_ An Interim Accommodation **IS required**.Reason: \_\_\_\_\_  
\_\_\_\_\_**Accommodation(s) provided:****Date provided:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_

[REDACTED] [REDACTED]

**AGPA**

Person Completing Step 3

Title

Signature

02 / 08 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

**IAP processing Instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Thursday February 08, 2024 11:45:14 AMAs of: 02/08/2024  **OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility G  
 Housing G 001 [REDACTED]  
 Area/Bed:  
 Placement Score: 19  
 Custody Medium (A)  
 Designation:  
 Housing Program: Enhanced Out Patient  
 Housing Ground Floor-Limited Stairs  
 Restrictions: Lower/Bottom Bunk Only  
 Physical No Rooftop Work  
 Limitations to Permanent - 12/31/9999  
 Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive None  
 Support Needs:  
 Current DDP Status Date: 11/08/2001  
 DPP Codes: DNH  
 DPP Determination Date: 08/29/2022  
 Current MH LOC: EOP  
 Current MH LOC Date: 09/24/2021  
 SLI Required: No  
 Interview Date: 06/11/2018  
 Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly  
 Alternate Method - Hearing: Hearing Aids  
 Non-Formulary Per E/C chrono dated 06/06/18.  
 Accommodations/Comments: Primary: Need Staff to Speak Loudly  
 and Clearly. Alternate: Hearing Aids.  
 TimeStamp: 11 June 2018 10:20:25 ---  
 User: [REDACTED]  
 Learning Disability:  
 Initial Reading Level: 10.7  
 Initial Reading Level Date: 06/29/2010  
 Durable Medical Equipment: Hearing Aid  
 Hearing Impaired Disability Vest  
 Languages Spoken:

**IMPORTANT DATES**

Date Received: 06/11/2010  
 Last Returned  
 Date:  
 Release Date: 12/18/2024  
 Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start 08/14/2023  
 Date:  
 Status: Reentry  
 Position #: CB2.004.012  
 Position Title: G DRP CB2-1 G2-C-160  
 Regular Days On: Monday, Wed, Friday (08:15:00 -  
 10:15:00)

# Exhibit 49

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 1/17/2024

Date IAC Received 1824: 1/16/2024

1824 Log Number: 505659

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1 [REDACTED]

**RAP Staff Present:** ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED] [REDACTED], Principle (A) [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

**Interim Accommodation:**

- No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSAs) or performing Activities of Daily Living (ADL)s.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

**Response:** On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

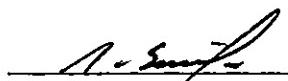
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids and a pocket talker. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

FEB 15 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>SATF</i>	LOG NUMBER (Staff Use Only) <i>505659</i>	DATE RECEIVED BY STAFF: <i>JAN 16 2024</i>
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7382 or a CDCR 602-HC		
INMATE'S NAME (Print) [Redacted]	CDCR NUMBER [Redacted]	ASSIGNMENT <i>PT</i>
		HOUSING <i>DI-</i>

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*Her people Vergaell with the hearing aids*

## WHY CAN'T YOU DO IT?

*hearing aids do not work the best*

## WHAT DO YOU NEED?

*The iphone or tablet for communication*

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

*[Redacted]*  
**INMATE'S SIGNATURE**

*1/13/24*  
**DATE SIGNED**

Assistance in completing this form was provided by:

Last Name

First Name

Signature

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 505659

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 01 / 16 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)  No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

01 / 16 / 24

Person Completing Step 1

Title

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS****Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:** ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS. I/M IS CURRENTLY DESIGNATED DNH AND IS BEING ACCOMMODATED WITH HEARING AIDS AND A POCKET TALKER. I/M'S CURRENT METHODS OF EC ARE HEARING AIDS AND STAFF SPEAK LOUDLY AND CLEARLY

Interviewer (Print Name)

Title

Signature

/ / /  
Date Completed

## **IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 505659

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT** required.

**Reason:** \_\_\_\_\_

An Interim Accommodation **IS** required.

**Reason:** *the first two digits of the date are swapped*

**Accommodation(s) provided:**

Date provided:

**Comments:** \_\_\_\_\_

**ANSWER** **ANSWER**

AGPA

01 / 17 / 24

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

## **IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
  - Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
  - If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
  - Consult with the ADA Coordinator when unsure which box to check in Step 1.
  - Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

## **Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
  - Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
  - Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
  - Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
  - Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary** Tuesday January 16, 2024 02:30:23 PMAs of: 01/16/2024 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility D

Housing Area/Bed: D 001 [REDACTED]

Placement Score: 70

Custody Designation: Medium (A)

Housing Program: Sensitive Needs Yard

Housing Restrictions: Lower/Bottom Bunk Only

Physical Limitations to Special Cuffing Needed

Job/Other: Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 03/09/2018

DPP Codes: DNM, DNH

DPP Determination Date: 10/18/2023

Current MH LOC: CCCMS

Current MH LOC Date: 09/03/2019

SLI Required: No

Interview Date: 10/11/2023

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly  
and Clearly**Non-Formulary**

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 04/25/2018

Durable Medical Equipment: Hearing Aid

Canes

Eyeglass Frames

Other (Include in

Comments)

Therapeutic Shoes/Orthotics

Languages Spoken:

**IMPORTANT DATES**

Date Received: 03/02/2018

Last Returned

Date:

Release Date: 11/06/2028

Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 10/29/2022

Date:

Status: Full Time

Position #: PFO.501.058

Position Title: FOOD &amp; BEVERAGE PACKAGER

Regular Days Monday through Friday (07:00:00 -

On: 11:30:00)

Monday through Friday (12:00:00 -  
15:00:00)

# Exhibit 50

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 1/17/2024

Date IAC Received 1824: 1/16/2024

1824 Log Number: 505665

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED] [REDACTED], Principle (A) [REDACTED]  
[REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

**Interim Accommodation:**

- No interim accommodation required: The caption phone and tty phone are available on your facility.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

**Response:** On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

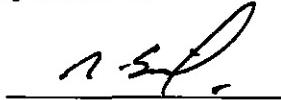
You do not have a severe hearing impairment impacting placement. Your hearing is restored to a functional level with your prescribed hearing aid. The live captioning provided by the iPhone and iPad is designed to be received from in-person communication, not through the use of a telephone. If you cannot use the telephone effectively, you may continue to use your GTL tablet and Over The Ear Headphones to communicate with your family. You may also access the TTY phone and caption phone on your facility.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied:** If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

FEB 15 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>505465</b>	DATE RECEIVED BY STAFF: <b>USAMU</b>
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b>		
<b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT <b>DY-A</b>
		HOUSING

**INSTRUCTIONS:**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?** *CO,2/RESPOND GOOD W/FAMILY  
& FRIENDS.*

*THANK YOU*

**WHY CAN'T YOU DO IT?** *TELEPHONE SERVICE DOESN'T GO HIGH ENOUGH.*

*THANK YOU*

**WHAT DO YOU NEED?** *I'VE BEEN SHOWN/TOLD I COULD RECEIVE THE iPAD/iPHONE FOR CORRESPONDENCE.  
I'M ALSO FEARING IMPAIRED.*

*THANK YOU.*

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure

List and attach documents, if available:

*INMATE HAS IS IN MY MEDICAL FILE/CHRONO.*

Failure to cooperate may cause this request to be disapproved.

*1/13/24.*

**DATE SIGNED**

Assistance in completing this form was provided by:

Last Name

First Name

Signature

**Interim Accommodation Procedure (IAP) / Interview Worksheet**

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.  
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 505665

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT**

Date CDCR 1824 received by IAC: 01 / 16 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)       No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

AGPA

Person Completing Step 1

Title

01 / 16 / 24

Signature

Date Completed

**STEP 2 CDCR 1824 INTERVIEWS****Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returned to IAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:** ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS. I/M IS CURRENTLY DESIGNATED DNH AND IS BEING ACCOMMODATED WITH HEARING AIDS AND A POCKET TALKER AND CAN ACCESS CAPTION OR TDD/TTY PHONE. I/M'S CURRENT METHODS OF EC ARE STAFF SPEAK LOUDLY AND CLEARLY AND WRITTEN NOTES.

Interviewer (Print Name)

Title

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Completed

## **IAP / Interview Worksheet**

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 505665

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY** (See Note below)

An Interim Accommodation IS NOT required.

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

An Interim Accommodation **IS** required.

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

**Accommodation(s) provided:**

**Date provided:**

**Comments:** \_\_\_\_\_

AGPA

01 / 17 / 24

**Person Completing Step 3**

**Title**

Signature

Date Completed

**Note:** When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
  - Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
  - If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
  - Consult with the ADA Coordinator when unsure which box to check in Step 1.
  - Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

## **Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
  - Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
  - Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
  - Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
  - Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

**CHSS035C DPP Disability/Accommodation Summary**

Tuesday January 16, 2024 02:32:03 PM

As of: 01/16/2024 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility D

Housing Area/Bed: D 001 [REDACTED]

Placement Score: 74

Custody Medium (A)

Designation:

Housing Program: Sensitive Needs Yard

Housing Lower/Bottom Bunk Only

Restrictions:

Physical Lifting Restriction- Unable to Lift more  
Limitations to than 19 Pounds

Job/Other: Permanent - 12/31/9999

**DISABILITY ASSISTANCE**

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 03/06/2002

DDP Codes: DNH

DPP Determination Date: 06/21/2023

Current MH LOC: CCCMS

Current MH LOC Date: 08/19/2013

SLI Required: No

Interview Date: 08/21/2023

Primary Method(s) - Hearing: Need Staff to Speak Loudly  
and Clearly

Primary Method - Speech: Written Notes

Non-Formulary CART service shall be

Accommodations/Comments: provided during due process  
events.

Learning Disability:

Initial Reading Level: 09.0

Initial Reading Level Date: 03/09/2018

Durable Medical Equipment: Hearing Aid

Back Braces

Eyeglass Frames

Hearing Impaired Disability

Vest

Incontinence Supplies

Night Guard

Therapeutic Shoes/Orthotics

Languages Spoken:

**IMPORTANT DATES**

Date Received: 01/21/2016

Last Returned 04/05/2022

Date:

Release Date: 02/13/2036

Release Type: Earliest Possible Release Date

**WORK/VOCATION/PIA**

Privilege Group: A

Work Group: A1

AM Job Start 10/29/2022

Date:

Status: Full Time

Position #: PFO.501.049

Position Title: FOOD &amp; BEVERAGE PACKAGER

Regular Days Monday through Friday (07:00:00 -

On: 11:30:00)

Monday through Friday (12:00:00 -

15:00:00)